FORMAL COMPLAINT

ILLINOIS COMMERCE COMMISSION

ILLINOIS

Illinois Commerce Commission

527 East Capitol A---Post Office Box 19280 APR 23 Springfield, Illinois 62794-9280

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	For Commission Use Only:
C_{HII}	For Commission Use Only:
Regarding a complaint	cm (11-0341
by ALBERT D. CAIAFA (Person making the complaint)	Case Or O D
against COMMONWEALTH EDISON (COM ED)	
as to Upwarranted billing; over + above my elec	fric bill
a deposit request.	
in ELK GROVE VLGE Illinois.	
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:	
	T 1/25 1/ /2007
My mailing address is 1450 HAISE LN. ELK GROV	-
The service address that I am complaining about is SANE AS ABO	OVE
My home telephone number is 847 524 - 6398	
Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at $[847, 52]$	<i>t</i> -6398
COMMON WEALTH EDISON COMPANY (respondent) is a put	olic utility and is subject to the provisions of
(Full name of utility company) the Illinois Public Utilities Act.	
In the space below, list the specific section of the law, Commission rule(s), or utility complaint.	tariffs which you think are involved with you
Have you contacted the Consumer Affairs Division of the Illinois Commerce Conthis complaint?	nmission aboutNo
Has your complaint filed with that office been closed?	YesNo

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed.

SEE ATTACHEO"

You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents). VERIFICATION A notary public must watch you fill out this part of the form. A DERT D. CALAFA, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge. Subscribed and sworn/affirmed to before me this Aday of April 1920 Notary Public, Illinois OFFICIAL SEAL 1920 OFFICIAL SEAL 1	Please clearly state what	you want the Commission to do in this case. FIX THAT TAM PAIN IN FULL
Complainant's signature Complainant's signature If you will be represented by an attorney, please give the attorney's name, address, and telephone number. You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents). VERIFICATION A notary public must watch you fill out this part of the form. A notary public must watch you fill out this part of the form. A contents of this petition are true to the best of my knowledge. Subscribed and sworn/affirmed to before me this haday of hotary Public, Illinois Notary Public, Illinois Notary Public, Illinois NOTE: "OFFICIAL SEAL" LYNETTE L. TENUTA Notary Public, State of Illinois Wy commission and also provide the Commission one copy for each utility complained about (referred to as respondents). "OFFICIAL SEAL" LYNETTE L. TENUTA Notary Public, State of Illinois Wy commission and also provide the Commission one copy for each utility complained about (referred to as respondents).	DEEDLIN \$ 1516	OI TO ME BECAUSE I WAS ORDERED BY THE CIRCUIT COURT OF
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(Signature) Subscribed and sworn/affirmed to before me this day of	Airen	
(Signature) Subscribed and sworn/affirmed to before me this day of	I, ALBERT U.	ATATA , first being duly sworn, say that I have read the above petition and know what
Notary Public, Illinois Notary Public, State of Illinois Notary Public, State of Illinois My Commission Exp. 10/28/2003	it says. The contents of th	yis-petition are true to the best of my knowledge.
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My Commission Exp. 10/28/2003	Subscribed and sworn/aff Motary Public, 1	firmed to before me this Aday of April 19200/ Jewasta OFFICIAL SEAL" LYNETTE L. TENUTA
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questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.

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